# MEMORANDUM OF UNDERSTANDING BETWEEN THE GENERAL SERVICES ADMINISTRATION AND THE DEPARTMENT OF HOMELAND SECURITY IMMIGRATION AND CUSTOMS ENFORCEMENT

### L Purpose

This Memorandum of Understanding (MOU) formalizes the agreement between the General Services Administration (GSA) ("Servicing Agency") and the Department of Homeland Security, U.S. Immigration and Customs Enforcement (ICE) ("Requesting Agency") regarding the reimbursable detail ("Detail") of (b) (6), (b) (7)(C) ("Detailee") from the Servicing Agency to the Requesting Agency.

### II. Authority

This Agreement is authorized under the provisions of The Homeland Security Act of 2002, 6 U.S.C. § 112(b) and the Economy Act, 31 U.S.C. § 1535.

### III. Background and Duration

The Detailee is currently the Director of Operations with the Servicing Agency's 18F Team. 18F is an organization within the Servicing Agency that provides digital services support to federal customers. The 18F Team works to connect the people, principles, and methodologies of the technology startup world with the government's leaders in innovation, 18F seeks to improve the way agencies tackle their missions.

This reimbursable detail will begin on September 6th, 2015, and end on March 6th, 2016 for a total duration of approximately six (6) months. The detail may be extended for up to six (6) months upon agreement between the Servicing Agency and the Requesting Agency.

Notwithstanding any provision of this MOU, the Detailee may request termination of the Detail at any point with or without cause. Should the Detailee elect to terminate the Detail and return to the Servicing Agency, the Detailee shall give the Requesting Agency no less than ten (10) business day's notice.

### IV. Duties

During the Detail, the Detailee will perform a variety of duties as a Facilities Manager overseeing a wide range of facilities project activities within the Requesting Agency's Headquarters facility at 500 12<sup>th</sup> Street SW, Washington, DC 20536, in the Office of Asset and Facilities Management (OAFM). Specifically, these duties shall include overseeing and managing the owned and leased portfolios, the acquisition and construction of ICE facilities nationwide, leveraging a combined staff of Federal and contractor personnel. The Detailee will interact with heads of ICE Program Offices and Senior officials regarding program requirements, resource allocation decisions, funding requirements, program budget execution, service level agreements and space management planning.

### V. Justification

The Detailee will perform duties that are similar or related to matters currently performed by the Detailee at the Servicing Agency.

This assignment will strengthen the Detailee's knowledge of facilities management and the related fiscal and human resource management facets related to the Facilities Management directorate.

The Requesting Agency will benefit from the Detailee's knowledge of real property management strategies, construction project coordination techniques, policies, regulations, acquisition and investment management.

The Servicing Agency, upon return of the Detailee at the end of the Detail, will benefit from the Detailee's enhanced knowledge and expertise in the subject areas listed above. In particular, the Servicing Agency will benefit substantially from the Detailee's enhanced knowledge and expertise in property management, financial management, and fiscal matters.

### VI. Reimbursement of Compensation and Benefits Costs

The Requesting Agency will reimburse the Servicing Agency for an amount equal to the Detailee's compensation and benefits earned by the Detailee for the period of the Detail.

Should the Detail be terminated at the request of the Detailee or by agreement of the Requesting Agency and Servicing Agency, the Requesting Agency will reimburse the Servicing Agency for amounts equal to the compensation and benefits earned by the Detailee prior to the early termination of the Detail.

Similarly, should the Detail be extended beyond the six (6) month term contemplated in Section II, the Requesting Agency shall reimburse the Servicing Agency for the compensation and benefits earned by the Detailee during any additional period.

The following information will be used by the Requesting Agency and the Servicing Agency to conduct an Intra-governmental Payment and Collection (IPAC) transaction for all amounts due under this agreement:

Name / Description	Value
Requesting Agency's Treasury Account Symbol and Business Event Type Code (TAS/BETC)	7050540 DISB
Servicing Agency's Treasury Account Symbol and Business Event Type Code (TAS/BETC)	47X5341 COLL
Servicing Agency's Department Code	FY15: 2015-A-00-285F-DS11-Q00XF000-AF151-1 8F Billable FY16: 2016-A-00-285F-DS11-Q00XF000-AF151-1 8F Billable
Requesting Agency's Transaction Point of Contact	(b) (6), (b) (7)(C)
Servicing Agency's Transaction Point of Contact	Patrick Bateman (Patrick.bateman@gsa.gov)

### VII. Other Costs

Travel, transportation, and related allowances associated with the Detail will be paid by the Requesting Agency, as authorized by the Requesting Agency in the performance of official duties, and subject to the availability of appropriated funds and applicable laws.

Any costs associated with security clearance or other qualifications necessary for the Detailee to perform pursuant to this MOU shall be paid by the Requesting Agency.

### VIII. Timekeeping and Leave

The Servicing Agency will maintain the Detailee's official time and attendance record during the Detail.

The Requesting Agency supervisor must approve in writing all leave taken by the Detailee during the Detail period. Upon approval of a leave request by the Requesting Agency, the Detailee shall provide the Servicing Agency with documentation of the request and approval of leave.

### IX. Duty Station During Detail

The Detailee shall report to U.S. Immigration & Customs Enforcement (ICE), Potomac Center North (PCN), 500 12th Street S.W., Washington, D.C. 20536 during the Detail unless directed to another duty station in writing by the Requesting Agency.

#### X. Evaluation of Performance

The Requesting Agency shall supply a proposed written performance plan for the Detailee no later than thirty (30) days from the effective date of the Detail.

Upon written approval of this performance plan by the Detailee it shall be provided to the Servicing Agency and included in the Detailee's official employment file.

At the conclusion of the Detail, the Requesting Agency shall conduct an evaluation of the Detailee's performance during the Detail pursuant to the agreed upon performance plan.

The Requesting Agency shall provide the Servicing Agency and the Detailee with written copies of the results of this evaluation no later than thirty (30) days from the end of the Detail.

### XI. Agreement of the Parties

This MOU represents the complete agreement of the parties.

FOR THE REQUESTING AGENCY:

(b) (6), (b) (7)(C)

Director, Office of Workforce Management
Office of the Chief Financial Officer
U.S. Immigration & Customs Enforcement (ICE)

PATEI

### FOR THE SERVICING AGENCY:

(b) (6)

Phaedra S. Chrousos
Associate Administrator
Office of Citizen Services and Innovative Technologies/18F
U..S. General Services Administration

妻 913/2015

[DATE]

IAA Number	GT&C #	0000 - Order # A	mendment/Mod #	n
20. Servicing A	agency Clause(s) (O	ptional) (St	tate and/or attach any a	dditional Servicing Agency clauses.)
21. Additional R Requesting Agen	tequesting Agency a cy and/or Servicing	and/or Serr Agency att	vicing Agency Attachi achments.)	nents (Optional) (State and/or attach any additional
22. Annual Rev	iew of IAA			
By signing this ag changes will be m	greement, the parties nade by amendment	agree to an	mually review the IAA C and/or modification	if the agreement period exceeds one year. Appropriate to any affected Order(s).
to sign this agreen	nent, Each Agency (	Official mu:	AGENCY OFF g authority or official a st ensure that the general work can be fulfilled p	s designated by the Requesting Agency and Servicing Agency
The Agreement Pe	eriod Start Date (Blo	ock 5) must	be the same as or later	than the signature dates.
Actual work for the for Blocks 37 and	nis IAA may NOT b 38.	egin until a	n Order has been signe	d by the appropriate individuals, as stated in the Instructions
23.	Requesting Agen	cy		Servicing Agency
Name	(b) (6), (b)	(7)(C)		See Atlached MOU
Title	Deputy, Chief Fir	nancial Off	icer	
Telephone Number(s) Fax Number	(b) (6)	, (b)	) (7)(C)	
Email Address				
SIGNATURE				
Approval Date	81	28/15		

IAA NumberGT	-0000 - Order # Amendment/Mod #	
13. Restrictions (O	Optional) (State and/or attach unique requirements and/or miss	ion specific restrictions specific to this IAA).
14. Assisted Acqui Requesting Agency	nisition Small Business Credit Clause (The Servicing Agency for any contract actions it has executed on behalf of the Requ	ry will allocate the socio-economic credit to the testing Agency.)
15. Disputes: Disputes: Manual (TFM) Volu	putes related to this IAA shall be resolved in accordance with lume I, Part 2, Chapter 4700, Appendix 10; Intragovernmental	instructions provided in the Treasury Financial Business Rules.
16. Termination (I Agency.)	(Insert the number of days that this IAA may be terminated by	written notice by either the Requesting or Servicing
agree to the terms of	s canceled, any implementing contract/order may also be cance of the termination, including costs attributable to each party an	id the disposition of awarded and pending actions.
Requesting Agency S	ncy incurs costs due to the Requesting Agency's failure to give the shall pay any actual costs incurred by the Servicing Agency as a lable to the failure to give notice.	ne requisite notice of its intent to terminate the IAA, the result of the delay in notification, provided such costs
17. Assisted Acquithis IAA. (State or	aisition Agreements - Requesting Agency's Organizations attach a list of Requesting Agency's organizations authorized	Authorized To Request Acquisition Assistance for d to request acquisition assistance for this IAA.)
18. Assisted Acquithis IAA. (State or	uisition Agreements – Servicing Agency's Organizations at a list of Servicing Agency's organizations authorized	athorized to Provide Acquisition Assistance for to provide acquisition for this IAA.)
19. Requesting Ag	gency Clause(s) (Optional) (State and/or attach any additiona	il Requesting Agency clauses.)
20		

IAA NumberGT&C #	- 0000 - Order # Amend	ment/Mod #	(0100) 0000	<b></b>	
9. Estimated Agreement A		ency completes all in	nformation for the e	stimated agreement amount.)	
Direct Cost	\$10,941.00	Provide a general o	explanation of the C	verhead Fees & Charges	
Overhead Fees & Charges		1			
Total Estimated Amount _	\$10,941.00				
10. STATUTORY AUTH	ORITY				
a. Requesting Agency's A Franchise Revolving Fund Fund	Working Econ Capital Fund (31 U.S.C	omy Act C. 1535/FAR 17.5)	Other Authority		
Fill in Statutory Authority	y Title and Citation for Fra	anchise Fund, Revolu	ving Fund, Working	Capital Fund, or Other Author	ity
b. Servicing Agency's Au Franchise Revolving Fund Fund  Fund Fund  Fill in Statutory Authority	Working Econ Capital Fund (31 U.S.C	nomy Act C. 1535/FAR 17.5) Z unchise Fund, Revolu		Capital Fund, or Other Author	îty
	icope (State and/or list attactions) SA for the salary and ber			's Scope.)	
See attached MOU					
12. Roles & Responsibilities responsibilities for the Requise attached MOU	s for the Requesting Agen esting Agency and the Serv	ncy and Servicing A ricing Agency.)	gency (State and/or	list attachments for the roles a	nd

IAA Number		- 0000 -	
_	GT&C #	Order #	Amendment/Mod #

	DEPARTMENT AND/OR AGENCY							
1.	Requesting Agency of Products/Services	Servicing Agency Providing Products/Services						
Name	U.S. Immigration and Customs Enforcement	U.S. General Services Administration						
Address	500 12th St., SW Washington, DC 20536	1800 F Street, NW Washington, DC 20405						
2. Servicing Agenc	y Agreement Tracking Number (Optional)							
3. Assisted Acquisi	3. Assisted Acquisition Agreement Yes No 🗹							
☑ New ☐ Amendmen	Solution (Check action being taken)  New  Amendment — Complete only the GT&C blocks being changed and explain the changes being made.  Cancellation — Provide a brief explanation for the IAA cancellation and complete the effective End Date.							
5. Agreement Perio		2015 of IAA or effective cancellation date						
Yes If Yes, No 7. Agreement Type 8. Are Advance Pa	MM-DD-YYYY  MM-DD-YYYY  6. Recurring Agreement (Check One) A Recurring Agreement will continue, unless a notice to discontinue is received.  Yes   Other Renewal   State the other renewal period:							
Note: Specific advan	ce amounts will be captured on each related Order.							

### United States Government Interagency Agreement (IAA) – Agreement Between Federal Agencies Order Requirements and Funding Information (Order) Section

GT&C#	Order #	Amendment/M	fod # Track	cing Agency's Agreement ing Number (Optional)	
	PRIMARY OR	GANIZATIO	N/OFFICE IN	FORMATION	
24.	R	equesting Age	ncy	Servicing A	gency
Primary Organization/Office Name	U.S. Immigr Enforcemen	ration and Cus	toms	U.S General Services	
Responsible Organization/Office Address	500 12th St. Washington	, SW , DC 20536		1800 F Street, NW Washington, DC 20405	<del></del> 5
	ORDER/R	EQUIREMEN	TS INFORM	ATION	-
Modification (Mod) – List as a performance period mod, state a Summary by Line (Block 26) if the control of the	he mod involves	adding, deletin	Order in Block ig or changing I	27. Fill out the Funding Punding for au Order Li	Modification ae.
Cancellation – Provide a brie effective cancellation date.  6. Funding Modification can be summary by Line	Line #	Line #	Line#	Total of All Other Lines	No. Sec. 15
		- Jane w	_ Line#_	(attach funding details)	Food
Original Line Funding	\$10,941.00	\$	S	S	\$10.941.00
Cumulative Funding Changes from Prior Mods [addition (+) or eduction (-)]	S.	s	s	3	50.0p
unding Change for This Mod	\$	\$	s	s	\$0.00
OF AL Modified Obligation	\$ 10,941.00	\$0.00	\$0.00	\$0.00	and the state of t
otal Advance Amount (-)	s	S	\$	3	\$10,941.00
et Modified Amount Duc	\$ 10,941.00	\$0.00	\$6.00	1 \$0.00	\$0.00
7. Performance Period or a performance period mod, inse e start and end dates that reflect the w performance period.	Start Date		3-2015 D-YYYY	End Date 09-30-2 MM-DD-1	015

IAA Number Servicing Agency																
	GT&C # Order # Amendment/Mod # Tracking Number (Optional)															
28. Order L	ine/Fu	ınding 1	nform	ation						Line Number						
Requesting Agency Funding Information									Ser	vicing	Agency	Fundin	g Inf	ormation	1	
ALC			7019	1512						47-	00-00	16				
Component	SP	ATA	AID	врол	EPOA	A	MAIN	SUB	SP	ATA	AID	BPOA	E POA	A	MAIN	SUB
TAS Required by 10/1/2014						,										
OR Current	AS fo	rmat	705	0540					47X4	5341						
BETC		_	DIS	В					COL	L						
Object Class																
BPN			DUN	IS: 130	221646				DUN	S: 964	12536	86				
BPN + 4 (Op	tional)													-83294		
Additional Additional Additional (Optional)					300000 000000			00.	TIN:	44-05	53234					
Requesting A	gency	Funding	Expir	ation D	ate			Rec	uestin	g Ager	ıcy Fu	nding C	ancellatio	on Da	te	
09-30-20 MM-DD-YY								1	9-30-2	2020 YYYY	-					
Project Num Description	ber &															
products/serv	ices, ir	ncluding	the bo	na fide	need for	this	Order.)									
North Americ	an Ind	lustry Cl	assific	ation Sy	stem (N	AIC	S) Numl	er (Op	tional)							
Breakdown o	f Rein	nbursal	ole Lin	e Costs			1128	OR	В	reakd	own o	f Assist	ed Acqui	isitio	Line C	ost:
Unit of Meas	ure							Co	ntract	Cost	\$					
Quantity		Unit I	Price		To	tal		Ser	vicing	Fees	\$					
1		\$10,94	1.00	\$ 10	,941.00			ОЫ	igated	Cost	\$ 0.0	00	2 (0.5)			
Overhead Fee	s & Cl	harges		\$ 0.0	00			A	dvanc		\$					
Total Line An	nount (	Obligate	d	\$ 10	,941.00	66		C C	Lin	e (-)						
								Net Total Cost \$ 0.00								
				15.57			8 33	Assi	sted A	cquisit	ion Se	rvicing	Fees Exp	lanat	ion	
Advance	Line A	mount (	-)	S				INA								
Net Lin	e Amo	unt Due		\$ 10	,941.00											
Type of Servi		•		Non-se	verable \$	Servi	ce [	Not	Applic	able						

[AA Number	Servicing Agency's Agreement
GT&C# Order#	Amendment/Mod # Tracking Number (Optional)
29. Advance Information (Complete Block 29	if the Advance Payment for Products/Services was checked "Yes" on the GT&C.)
	•
1	[All Order Line advance amounts (Block 28) must sum to this total.]
Revenue Recognition Methodology (according account for the Requesting Agency's expense at	g to SFFAS 7) (Identify the Revenue Recognition Methodology that will be used to and the Servicing Agency's revenue)
Straight-line - Provide amount to be accrue	d \$ and Number of Months
Accrual Per Work Completed - Identify the	accounting posting period:
☐ Monthly per work completed & invo	iced
Other – Explain other regular period amounts will be communicate	(bimonthly, quarterly, etc.) for posting accruals and how the accrual
30. Total Net Order Amount: \$ 10,941.00	- N. Oster and Oliver
[All Order Line Net Amounts Due for reimbursa	ble agreements and Net Total Costs for Assisted Acquisition Agreements (Block 28)
must sum to this total.]	Control of the contro
31. Attachments (State or list attachments.)	
Key project and/or acquisition milestones	(Optional except for Assisted Acquisition Agreements)
	a.
Other Attachments (Optional)	
See Attached MOU	
	110
BILL	ING & PAYMENT INFORMATION
32. Payment Method (Check One) [Intra-governier of IPAC is used, the payment method must agree	rumental Payment and Collection (IPAC) is the Preferred Method.] with the IPAC Trading Partner Agreement (TPA).
Requesting Agency Initiated IPAC	Servicing Agency Initiated IPAC
☐ Credit Card	Other – Explain other payment method and reasoning
33. Billing Frequency (Check One)	
[An Invoice must be submitted by the Servicing reimbursed (i.e., via IPAC transaction)]	g Agency and accepted by the Requesting Agency BEFORE funds are
☐ Monthly ☑ Quarterly ☐ Other B	illing Frequency (include explanation)
34. Payment Terms (Check One)	
	hida anatonata N
Uncer Payment Terms (inc	lude explanation):
	1

IAA Number	·	Servicing Agency's Agreement
GT&C	C# Order# Amendment/Mod#	Tracking Number (Optional)
35. Funding Clauses/In	estructions (Optional) (State and/or list fundi	ng clauses/instructions.)
36. Delivery/Shipping l	Information for Products (Optional)	
Agency Name	(opioiiii)	
Point of Contact (POC) N	Name & Title	
POC Email Address		
Delivery Address /Room	Number	
POC Telephone Number		
Special Shipping Informa	ition	
opecial stupping informa	uou	
an		
· · · · · · · · · · · · · · · · · · ·	APPROVALS AND CONTA	CT INFORMATION
37. PROGRAM OFFIC The Program Officials, as properly defined and can each agency's (AA busin	s identified by the Requesting Agency and Se be fulfilled for this Order. The Program Office	rvicing Agency, must ensure that the scope of work is cial may or may not be the Contracting Officer depending on
	Requesting Agency	Servicing Agency
Name	(b) (6), (b) (7)(C)	Phaedra Chrousos
Title	Deputy, Chief Financial Officer	Association Administrator, OCSIT/18F
Telephone Number	(b) (6), (b) (7)(C)	
Fax Number	AT LITTLE DE LA CONTRACTION DE	
Email Address	_(b) (6), (b) (7)(	Phands Chrouse Consess
SIGNATURE		
Date Signed	867/1	715 15
Agency Funding Official sig	ely cited and can be properly accounted for a	fied by the Requesting Agency and Servicing Agency, certify per the purposes set forth in the Order. The Requesting funding Official signs to start the work, and to bill, collect, ance with the agreement.
	Requesting Agency	Servicing Agency
Name	(b) (6), (b) (7)(C)	Robin Short
Title	Acting Director, OBPP	Deputy Controller
Telephone Number	(b) (b), (b) (7)(C)	
Fax Number	(1-) (0) (1-) (7) (0)	(b) (6)
Email Address	(b) (6), (b) (7)(C)	
SIGNATURE Date Signed		9/3 /13
Jaio Signed	8/28/15	

FMS Form 7600B

IAA Number	Ser	vicing Agency's Agreement
GT&C#	Order # Amendment/Mod # Tra	cking Number (Optional)
	CONTACT INFORMAT	ION
FINANCE OFFICE Points	of Contact (POCs)	
The finance of lice points of	contact must ensure that the payment (Requesting tion are accurate and timely for this Order.	Agency), billing (Servicing Agency), and
39. Name	Requesting Agency (Payment Office) (b) (6), (b) (7)(C)	Servicing Agency (Billing Office)
Title		Kathryn Connolly
Office Address	Supervisory Financial Program Specialist	Innovation Operations Specialist
Onioc Address	1605 LBJ Freeway, STE Farmers Branch, TX 75234	
Telephone Number	(b) (6), (b) (7)(C)	
Fax Number	(= / (= /) (= / (= / (= /	
Email Address		18F-Finance-CS@gsa.gov
Signature & Date (Optional)		The time of the second of the
40. ADDITIONAL Points of This may include CONTRAC	f Contacts (POCs) (as determined by each Agend TING Office Points of Contact (POCs).	cy)
	Requesting Agency	Servicing Agency
Name	, , , , , , , , , , , , , , , , , , , ,	Servicing Agency
Title		
Office Address		
Telephone Number		
Fax Number		
Email Address		
Signature & Date (Optional)		
Name		
Title		
Office Address		
Telephone Number		·
Fax Number	100	
Email Address		
Signature & Date (Optional)		
Name		
Title		
Office Address		
Telephone Number		
Fax Number		
Email Address		
Signature & Date (Optional)		

#### UNITED STATES DEPARTMENT OF HOMELAND SECURITY

Immigration And Customs Enforcement

Miscellaneous Obligation Screen Printout

1927150FANONE0001 Period of Performance From 06-SEP-2015 To 30-SEP-2015 Doc Bate 22-AUG-2015 Document Type MGOVT Vendor Name GSA, HEARTLAND FINANCE CENTER Vendor Taxpayer ID (TIM) 440553234

Item Mumber:

Description:

FROM THE GSA (DETAIL TO OFA)

QUANTITY	UNIT	UNIT PRICE	FUNDING LOCATION	BENEFIT LOCATION	CODE	PROGRAM	PROJECT	SPENDING PLAN CODE	SUB-OBJECT CLASS	OBLIGATION AMOUNT
1.00	EA	10,941.00	24-30-2300-00-00-00-00		BA	95-33-00-000	NONE000-000	000	25-32	10,941.00

Signature of Approving Official

Date

Tina Tate

Signature of Punding Official (Certification of Punds Availability)

Date

Interim Form

(PENDING PINALIZATION)

To: Andrew Roach and Phaedra Chrousos

cc:(b)(6),(b)(7)(C)

From: Joshua Bailes, 18F Agreements Lead

Re: Program Office/CFO Signatures for 18F IAA with ICE

### **Agreement For Signature Cover Sheet**

Who is the originator of the request - Portfolio/Business line/Integrator?

Briefly describe the service that is being provided

Detail of (b) (6), (b) (7)(C)<sub>to ICE</sub>

Who is the provider of the service?

18F

Who is the beneficiary of the service?

**ICE** 

What is the period of performance?

10/1/15-3/6/16

What is the amount being requested?

\$68,418

What is the FY in which the funding will be obligated?

FY16

When is the deadline for having the IAA signed?

**ASAP** 

IAA Number_		- 0000 -	0000		
	GT&C	#		Order #	Amendment/Mod #

	Requesting Agency of Products/Services						
		Servicing Agency Providing Products/Services					
Vame	U.S. Immigration and Customs Enforcement	U.S. General Services Administration / Office of Citizen Services & Innovative Technologies / 18F					
\ddress	500 12th St., SW 1800 F Street, N.W. Washington, DC 20536 Washington, D.C. 20405						
g Agency	Agreement Tracking Number (Optional)						
Acquisiti	on Agreement Yes No 🗸						
W		d explain the changes being made.					
cellation -	Start Date 10-01-2015 End Date 03-06-2	2016 of IAA or effective cancellation date					
MM-DD-YYYY  MM-DD-YYYY  MM-DD-YYYY   S. Recurring Agreement (Check One) A Recurring Agreement will continue, unless a notice to discontinue is received.  Yes If Yes, is this an: Annual Renewal  Other Renewal  State the other renewal period:							
		tiple Order IAA					
	ents Allowed for this IAA (Check One) Yes Requesting Agency's Statutory Authority Title and 0	Citation					
	g Agency Acquisiti Action (Claw endment - cellation - cellation - fr Period g Agreem If Yes, is	Washington, DC 20536  g Agency Agreement Tracking Number (Optional)  Acquisition Agreement Yes  No  Action (Check action being taken)  Wendment — Complete only the GT&C blocks being changed and cellation — Provide a brief explanation for the IAA cancellation and Period Start Date 10-01-2015 End Date 03-06-104 MM-DD-YYYY  g Agreement (Check One) A Recurring Agreement will contill Yes, is this an: Annual Renewal  State the other receit Type (Check One)					

IAA Number_			- 0000 -	0000
	GT&C	#	Order #	Amendment/Mod #

9. Estimated Agreement Amount (The Servicing Agen	cy completes all information for the estimated agreement amount.)						
(Optional for Assisted Acquisitions)							
Direct Cost \$08,413.00 T	Provide a general explanation of the Overhead Fees & Charges the estimated agreement amount is based on GSA's actual costs of providing the services under this IAA. Reimbursement of GSA's actual costs is described urther in the Statement of Work.						
10. STATUTORY AUTHORITY							
a. Requesting Agency's Authority (Check One) Franchise Revolving Working Economy Act Other Fund Fund Capital Fund (31 U.S.C. 1535/FAR 17.5) Authority  Fill in Statutory Authority Title and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority							
b. Servicing Agency's Authority (Check One)  Franchise Revolving Working Economy Act Other  Fund Fund Capital Fund (31 U.S.C. 1535/FAR 17.5) Authority  Fill in Statutory Authority Title and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority							
11. Requesting Agency's Scope (State and/or list attachments that support Requesting Agency's Scope.) ICE shall reimburse the GSA for the salary and benefits costs of (b) (6), (b) (7)(C) See attached MOU							
(5) 2:							
12. Roles & Responsibilities for the Requesting Agency responsibilities for the Requesting Agency and the Servici See attached MOU	and Servicing Agency (State and/or list attachments for the roles and ing Agency.)						

IAA Number		- 0000 -	0000
_	GT&C #		Amendment/Mod #
13. Restriction	ons (Optional) (Stat	e and/or attac	ch unique requirements and/or mission specific restrictions specific to this IAA).
	A 111 G 11		
Requesting A	gency for any contr	act actions it	edit Clause (The Servicing Agency will allocate the socio-economic credit to the has executed on behalf of the Requesting Agency.)
t5. Disputes: Manual (TFM	Disputes related to Volume I, Part 2,	this IAA sha Chapter 4700	all be resolved in accordance with instructions provided in the Treasury Financial 0, Appendix 10; Intragovernmental Business Rules.
16. Terminat Agency.)	tion (Insert the num	ber of days tl	hat this IAA may be terminated by written notice by either the Requesting or Servicing
If this agreeme	ent is canceled, any rms of the terminati	implementin on, including	g contract/order may also be canceled. If the IAA is terminated, the agencies shall costs attributable to each party and the disposition of awarded and pending actions.
requesting Age	Agency incurs costs ency shall pay any ac ributable to the failu	tual costs inc	equesting Agency's failure to give the requisite notice of its intent to terminate the IAA, the urred by the Servicing Agency as a result of the delay in notification, provided such costs ice.
17. Assisted A this IAA. (Sta	Acquisition Agreen te or attach a list of	nents – Requarting	nesting Agency's Organizations Authorized To Request Acquisition Assistance for Agency's organizations authorized to request acquisition assistance for this IAA.)
18. Assisted A this IAA. (Sta	cquisition Agreen te or attach a list of	i <b>ents – Servi</b> Servicing Ag	icing Agency's Organizations authorized to Provide Acquisition Assistance for gency's organizations authorized to provide acquisition for this IAA.)
19. Requesting	g Agency Clause(s	(Optional)	State and/or attach any additional Requesting Agency clauses )
Please see Fo	rm 7600A, Attach	ment 1	0. 20

			General	Terms and Conditions (G1&C	, 10
IAA Number_			- 0000 -	0000	
	GT&C	#	Order #	Amendment/Mod #	
		-			-

20. Servicing A	20. Servicing Agency Clause(s) (Optional) (State and/or attach any additional Servicing Agency clauses.)							
Please see Form 7600A, Attachment 1								
44								
21. Additional Requesting Agency and/or Servicing Agency Attachments (Optional) (State and/or attach any additional Requesting Agency and/or Servicing Agency attachments.)								
22. Annual Revi	iew of IAA							
By signing this ag changes will be m	greement, the parties agree to annually review the IA ade by amendment to the GT&C and/or modification	A if the agreement period exceeds one year. Appropriate on to any affected Order(s).						
to sign this agreen	AGENCY Of stall is the highest level accepting authority or official ment. Each Agency Official must ensure that the genthorities, and, that the scope of work can be fulfilled.	I as designated by the Requesting Agency and Servicing Agency						
The Agreement Pe	eriod Start Date (Block 5) must be the same as or lat	ter than the signature dates.						
Actual work for the for Blocks 37 and	38.	ned by the appropriate individuals, as stated in the Instructions						
23.	Requesting Agency	Servicing Agency						
Name	(b) (6), (b) (7)(C)	Phaedra Chrousos						
Title	Director, OCFO Workforce Management	Associate Administrator, 18F/OCSIT						
Telephone	(b) (6), (b) (7)(C)							
Number(s) Fax Number								
Email Address	(b) (6), (b) (7)(C)	թի <mark>(b) (6)</mark> gov						
SIGNATURE		53.						
Approval Date	Oct 5,2015	10.29.15						

## United States Government Interagency Agreement (IAA) – Agreement Between Federal Agencies Order Requirements and Funding Information (Order) Section

IAA Number		_ 0001 _		Servicing Agency's Agreement
	GT&C#	Order #	Amendment/Mod #	Tracking Number (Optional)

24.				ORMATION			
	Re	questing Agency		Servicing Ag	gency		
Primary Organization/Office Name	U.S. Immigra Enforcement	tion Customs and	1 -	U.S. General Services Administration / OCSIT / 18F			
Responsible Organization/Office Address	500 12th St., Washington,			1800 F Street, N.W. Washington, D.C. 20405			
	ORDER/RE	QUIREMENTS	NFORMAT	TION	i		
25. Order Action (Check One)  New  Modification (Mod) — List as a performance period mod, state no Summary by Line (Block 26) if the	ew performance i	period for this Orde	r in Block 2	7. Fill out the Funding !	Modification		
Cancellation – Provide a briefeffective cancellation date.	f explanation for	Order cancellation	and fill in th	e Performance Period End	d Date for the		
	Line #	Line#	Line #	(attach funding	Total		
Summary by Line	Line #\$	Line #	Line #	Other Lines (attach funding details)			
Original Line Funding Cumulative Funding Changes From Prior Mods [addition (+) or				Other Lines (attach funding	Total \$0.00 \$0.00		
Original Line Funding Cumulative Funding Changes From Prior Mods [addition (+) or eduction (-)]	\$	\$	\$	Other Lines (attach funding details)	\$0.00		
Original Line Funding Cumulative Funding Changes From Prior Mods [addition (+) or eduction (-)] Funding Change for This Mod	\$	\$	\$	Other Lines (attach funding details)  \$	\$0.00 \$ 0.00		
Original Line Funding Cumulative Funding Changes From Prior Mods [addition (+) or reduction (-)] Funding Change for This Mod FOTAL Modified Obligation	\$ \$ \$	\$ \$ \$	\$ \$	Other Lines (attach funding details)  \$ \$	\$0.00 \$ 0.00 \$ 0.00		
26. Funding Modification Summary by Line  Original Line Funding Cumulative Funding Changes From Prior Mods [addition (+) or reduction (-)] Funding Change for This Mod FOTAL Modified Obligation I otal Advance Amount (-) Net Modified Amount Due	\$ \$ \$0.00	\$ \$ \$ \$0.00	\$ \$ \$ \$0.00	Other Lines (attach funding details)  \$ \$ \$ \$ \$0.00	\$0.00 \$ 0.00 \$ 0.00 \$ 0.00		

IAA Number		. 0001	Servicing Agency's Agreement
	GT&C#	Order # Amendment/Mod #	Tracking Number (Optional)

28. Order Line/Funding Information								Line Number									
		·		Requesting Agency Funding Information						Servicing Agency Funding Information							
ALC			7019	1512						47-00-0016							
Component	SP	ATA	AID	BPOA	EPOA	Λ	MAIN	SUB	SP	ATA	TA AID BPOA E POA A MAIN SUB						
TAS Required by 10/1/2014																	
OR Current	ΓAS fo	rmat	706	7060540													
BETC			DIS	DISB						COLL							
Object Class	Code (	Optional)															
BPN			DUN	DUNS: 130221646						253686	3					-	
BPN + 4 (Op	tional)																
Additional Ad Classification (Optional)										6-A-00 ble	-285F	-DS11-	Q00XF0	00-A	F151-18	F	
Requesting Agency Funding Expiration Date 09-30-2016							Req 0	uestin 9-30-2	g Ager 2021	ncy Fu	nding C	ancellatio	n Da	te			
MM-DD-YY	YY	//50	/6\ /b\ /7	VO				MM	1-DD-	YYYY	-						
Project Num	ber &	Title	(6), (b) ( <i>1</i>	Deta	il												
See Form 7600E						,											
North Americ					stem (N	AIC	S) Numl										
Unit of Meas		nbursab	le Lin	e Costs				OR Breakdown of Assisted Acquisition Line Cost:  Contract Cost \$							st:		
	ure	11 to D		Т				─			\$						
Quantity		Unit P	rice		То	tal		Ser	vicing		\$						
1		\$31,742	2.00	\$ 31,	742.00			Obli	gated	Fotal Cost	\$ 0.00						
Overhead Fee	s & Ch	narges		\$				A	dvanc	-	\$						
Total Line An	Tourit (	Obligate	1	\$ 31,	742.00				Lin	ie (-)						- 1	
				Net Total Cost \$ 0.00													
						9).		Assi	sted A	cquisit	ion Se	rvicing	Fees Exp	lanati	on		
Advance l	Line A	mount (	-)	\$													
Net Line	e Amo	unt Due		\$ 31,	742.00												
Type of Servi	ce Rec	quireme	nts														
Several	ble Se	rvice		Non-sev	erable S	Servi	ce [	] Not A	Applic	able							

\_ 0001

IAA Number	_ 0001 _		Servicing Agency's Agreement					
GT&C#	Order#	Amendment/Mod #	Tracking Number (Optional)					
20 Advance Information (Cor	nnlata Block 20	if the Advance Deven	for Products/Services was checked "Yes" on the GT&C.)					
25. Advance information (Col	ilpiete Block 29	ii the Advance Paymen	for Products/Services was checked "Yes" on the GT&C.)					
Total Advance Amount for the	e Order \$	[All	Order Line advance amounts (Block 28) must sum to this total.]					
Revenue Recognition Methodology (according to SFFAS 7) (Identify the Revenue Recognition Methodology that will be used to								
account for the Requesting Age	ncy's expense an	d the Servicing Agency	's revenue)					
Straight-line – Provide amount to be accrued \$ and Number of Months								
Accrual Per Work Complete	ed - Identify the	accounting posting per	iod:					
☐ Monthly per work co	mpleted & invoi	ced						
Other – Explain othe	r regular period (	(bimonthly, quarterly, e	c.) for posting accruals and how the accrual					
amounts will	be communicate	d if other than billed.						
30. Total Net Order Amount:								
	ue for reimbursal	ble agreements and Net	Total Costs for Assisted Acquisition Agreements (Block 28)					
must sum to this total.]  31. Attachments (State or list at	ttachments )							
_	•	(0.1.1						
Key project and/or acquisi	tion milestones (	(Optional except for As	sisted Acquisition Agreements)					
Other Attachments (Option	191)							
See Attached MOU	iai)							
	BILL	ING & PAYMENT II	NFORMATION					
32. Payment Method (Check O	ne) [Intra-gove	rnmental Payment and	Collection (IPAC) is the Preferred Method.]					
If IPAC is used, the payment me	_	_						
Requesting Agency Initia	ted IPAC	Servicing Agency Ini						
Credit Card	L	Other - Explain other	payment method and reasoning					
33. Billing Frequency (Check C	,							
[An Invoice must be submitted reimbursed (i.e., via IPAC tran	by the Servicing	g Agency and accepted	by the Requesting Agency BEFORE funds are					
Dyantin Found								
☐ Monthly	□ Other B	illing Frequency (inclu	de explanation)					
34. Payment Terms (Check One	a)							
7 days Other Pay	ment Terms (inc	lude explanation):						
			: : : : : : : : : : : : : : : : : : :					

\_ 0001

IAA Number

IAA Number	- 0001	-	Servicing Agency's Agreement
GT&C#	Order#	Amendment/Mod #	Tracking Number (Optional)
35. Funding Clauses/Instru	untions (Ontional)	(State and/or list for dire	alausse/instructions )
55. Funding Clauses/Histri	uctions (Optional)	(State and/or list funding	clauses/instructions.)
8			
	_		
36. Delivery/Shipping Info	rmation for Produ	icts (Optional)	
Agency Name			
Point of Contact (POC) Name	e & Title		
POC Email Address			
Delivery Address /Room Nur	mber	M.S.	
POC Telephone Number		75.00	
Special Shipping Information	1		
	APPDO	VALS AND CONTAC	TINEODMATION
		VALS AND CONTAC	TINFORMATION
37. PROGRAM OFFICIAL		nacting Aganay and Sam	ricing Agency, must ensure that the scope of work is
properly defined and can be	fulfilled for this Or	der. The Program Officia	al may or may not be the Contracting Officer depending on
each agency's IAA business	process.		on the state of the contracting of the contracting on
	Red	questing Agency	Servicing Agency
Name	(b) (6), (b	o) (7)(C)	Phaedra Chrousos
Title	Director, OCFC	Workforce Manageme	ent Associate Administrator, 18F/OCSIT
Telephone Number	(b) (6), (b)	(7)(C)	200
Fax Number			
Email Address	(b) (6).	(b) (7)(C	
SIGNATURE	( ) ( - ) ;	(6) (7)(6	<u>′ (b) (6)</u>
Date Signed	No.	441	10.61.13
			ed by the Requesting Agency and Servicing Agency, certify
			er the purposes set forth in the Order. The Requesting
and properly account for fund			nding Official signs to start the work, and to bill, collect,
			V V
Name	(b) (6) (b)	questing Agency	Servicing Agency
Title	Branch Chief, C	)BPP	Francisco Wong Vidal Budget Analyst, FAS Budget Division
Telephone Number	(b) (6) (b)	(7)(C)	francisco.wongvidal@gsa.gov
Fax Number		(1)(0)	Co-signed: Andrew Road
Email Address	(b) (6) (	(b) (7)(C)	FRANCISC FRANCISCO WONG VIDAL FAS BUdget Director
SIGNATURE	(D) (O), (	(b) (7)(C)	Government, ou=General ANDREW Object sports of Commission
Date Signed			VIDAL 7001001941832 Date: 2015.11.02 14:17:47
2 312 0161104			-05'00'

CONTACT INFORMATION  FINANCE OFFICE Points of Contact (POCs) The finance office points of Contact must ensure that the payment (Requesting Agency), billing (Servicing Agency), and advance/accounting information are accurate and timely for this Order.  39.  Requesting Agency (Payment Office) Name  (b) (b) (c) (c) (A) Supervisory Financial Program Specalist Innovation Specialist Innovation Speci	IAA Number	<u>0001</u> Se	rvicing Agency's Agreement		
FINANCE OFFICE Points of Contact (POCs) The finance office points of contact must ensure that the payment (Requesting Agency), billing (Servicing Agency), and advance/accounting information are accurate and timely for this Order.  39. Requesting Agency (Payment Office) Name (b) (c), (b) (7)(A) Kathryn Connolly Title Supervisory Financial Program Specalist Office Address Telephone Number Fax Number Email Address (b) (6), (b) (7)(A) 181-finance-cs@gsa.gov Signature & Date (Optional)  40. ADDITIONAL Points of Contacts (POCs) (as determined by each Agency) Title Office Address Requesting Agency Servicing Agency Name Title Office Address Signature & Date (Optional)  48. ADDITIONAL Points of Contacts (POCs) Requesting Agency Servicing Agency Servicing Agency Name Title Office Address Signature & Date (Optional) Name Title Office Address Signature & Date (Optional) Name Title Office Address Signature & Date (Optional) Name Amae Amae Address Signature & Date (Optional) Name Telephone Number Fax Number Email Address Matthew Spencer Title Office Address Title Office Address Signature & Date (Optional) Name Address Matthew Spencer Title Office Address Matthew Spencer Telephone Number Fax Number	GT&C#				
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The finance office points of contact must ensure that the payment (Requesting Agency), billing (Servicing Agency), and advance/accounting information are accurate and timely for this Order.  39. Requesting Agency (Payment Office) Name (b) (6), (b) (7) (A) Kathryn Connolly Title Supervisory Financial Program Specalist Innovation Specialist Office Address 180 F Street, NW Washington, D.C. 20006 Telephone Number Fax Number Email Address (b) (6), (b) (7) (A) 181-finance-cs@gsa.gov Signature & Date (Optional)  40. A DDITIONAL Points of Contacts (POCs) (as determined by each Agency) This may include CONTRACTING Office Points of Contact (POCs).  Requesting Agency Servicing Agency Name 181-finnovation Specialist Office Address 185-finnovation Specialist  Telephone Number Fax Number 185-finnovation Specialist Title 185-finnovation Specialist Title 186-finnovation Specialist Title 187-finnovation Specialist Title 187-finnovation Specialist Title 188-finnovation Specialist Title 188-fin		CONTACT INFORMA	TION		
advance/accounting information are accurate and timely for this Order.  39. Requesting Agency (Payment Office) Name	FINANCE OFFICE Points of	of Contact (POCs)			
39. Requesting Agency (Payment Office) Name  (b) (b) (c) (7) (A)  Supervisory Financial Program Specialist Innovation Specialist Inn	The finance office points of co	ontact must ensure that the payment (Requesting	g Agency), billing (Servicing Agency), and		
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Title Supervisory Financial Program Specalist Innovation Specialist Office Address 1800 F Street, NW Washington, D.C. 20006  Telephone Number Fax Number Email Address (b) (6), (b) (7)(A) 18f-finance-cs@gsa.gov Signature & Date (Optional) 40. ADDITIONAL Points of Contacts (POCs) (as determined by each Agency) This may include CONTRACTING Office Points of Contact (POCs).  Requesting Agency Servicing Agency Name 18F Innovation Specialist  Title 18F Innovation Specialist  Title 18F Innovation Specialist  Telephone Number Fax Number Email Address Signature & Date (Optional) Name Joshua Balles  Title 18F Agreements Lead  Office Address joshua.bailes@gsa.gov  Telephone Number Fax Number Email Address joshua.bailes@gsa.gov  Telephone Number Fax Number Intellection of the Address point of the Address intellection of the Address point of the Address intellection of th					
Office Address  Telephone Number Fax Number Email Address Signature & Date (Optional)  Address  Telephone Number  Fax Number  Fax Number  Fax Number  Fax Number  Title  Telephone Number  Fax Number					
Telephone Number Fax Number Email Address    D   (6), (b) (7)(A)   18t-finance-cs@gsa.gov		Supervisory Financial Program Specalist			
Telephone Number  Fax Number  Email Address  (b) (6), (b) (7)(A)  18l-finance-cs@gsa.gov	Office Address				
Fax Number Email Address (b) (6), (b) (7)(A) 18f-finance-cs@gsa.gov	Telephone Number		Washington, D.C. 20006		
Email Address Signature & Date (Optional)  40. ADDITIONAL Points of Contacts (POCs) (as determined by each Agency) This may include CONTRACTING Office Points of Contact (POCs).  Requesting Agency Servicing Agen					
Signature & Date (Optional)  40. ADDITIONAL Points of Contacts (POCs) (as determined by each Agency) This may include CONTRACTING Office Points of Contact (POCs).  Requesting Agency Servicing Agency  Name  Title 18F Innovation Specialist  Office Address Telephone Number Fax Number Email Address Signature & Date (Optional) Name Joshua Bailes  Title 18F Agreements Lead  Office Address  Itelephone Number Fax Number  Email Address Joshua.bailes@gsa.gov  Signature & Date (Optional) Name Matthew Spencer  Title 18F Agreements Deputy  Name Matthew Spencer  Title 18F Agreements Deputy  Name Matthew.spencer@gsa.gov		(b) (C) (b) (7)(A)			
40. ADDITIONAL Points of Contacts (POCs) (as determined by each Agency) This may include CONTRACTING Office Points of Contact (POCs).  Requesting Agency Servicing Agency  Name Title 18F Innovation Specialist Office Address Telephone Number Email Address Signature & Date (Optional) Name Joshua Bailes Title 18F Agreements Lead Office Address  Telephone Number Email Address Signature & Date (Optional) Name Joshua Bailes Title 18F Agreements Lead Office Address  Telephone Number Email Address Signature & Date (Optional) Name 18F Agreements Lead Office Address Telephone Number 19F Agreements Lead Office Address Signature & Date (Optional) Name 18F Agreements Deputy Name 18F Agreements Deputy Office Address Telephone Number 18F Agreements Deputy Office Address Telephone Number 18F Agreements Deputy Office Address	Email Address	(b) (b), (b) (7)(A)	18f-finance-cs@gsa.gov		
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Name     18F Innovation Specialist       Office Address     18F Innovation Specialist       Telephone Number     Fax Number       Email Address     5ignature & Date (Optional)       Name     Joshua Bailes       Title     18F Agreements Lead       Office Address     5ignature & Date (Optional)       Telephone Number     Fax Number       Email Address     joshua.bailes@gsa.gov       Sionature & Date (Optional)     Matthew Spencer       Title     18F Agreements Deputy       Office Address     Telephone Number       Fax Number     Intelephone Number       Fax Number     Intelephone Number       Fax Number     Intelephone Number       Email Address     matthew.spencer@gsa.gov	40. ADDITIONAL Points of Contacts (POCs) (as determined by each Agency) This may include CONTRACTING Office Points of Contact (POCs).				
Name     18F Innovation Specialist       Office Address     18F Innovation Specialist       Telephone Number     Fax Number       Email Address     5ignature & Date (Optional)       Name     Joshua Bailes       Title     18F Agreements Lead       Office Address     5ignature & Date (Optional)       Telephone Number     Fax Number       Email Address     joshua.bailes@gsa.gov       Sionature & Date (Optional)     Matthew Spencer       Title     18F Agreements Deputy       Office Address     Telephone Number       Fax Number     Intelephone Number       Fax Number     Intelephone Number       Fax Number     Intelephone Number       Email Address     matthew.spencer@gsa.gov		Requesting Agency	Servicing Agency		
Office Address  Telephone Number  Email Address Signature & Date (Optional) Name Joshua Bailes Title 18F Agreements Lead  Office Address  Telephone Number Fax Number Email Address joshua.bailes@gsa.gov  Signature & Date (Optional) Name Matthew Spencer Title 18F Agreements Deputy  Telephone Number  Telephone Number Title Ti	Name				
Office Address  Telephone Number  Email Address Signature & Date (Optional) Name Joshua Bailes Title 18F Agreements Lead Office Address  Telephone Number Fax Number Email Address joshua.bailes@gsa.gov Signature & Date (Optional) Name Matthew Spencer Title 18F Agreements Deputy  Matthew Spencer Title 18F Agreements Deputy  Telephone Number Title 18F Agreements Deputy  Telephone Number Title 18F Agreements Deputy  Telephone Number Telephone Number Tex Number Telephone Number Tex Number Tex Number Tex Number Tex Number Tex Number Temail Address Telephone Number Tex Number Tex Number Temail Address Telephone Number Tex Numb	Title		18F Innovation Specialist		
Fax Number  Email Address  Signature & Date (Optional)  Name  Joshua Bailes  Title  18F Agreements Lead  Office Address  Telephone Number  Email Address  joshua.bailes@gsa.gov  Signature & Date (Optional)  Name  Matthew Spencer  Title  18F Agreements Deputy  Office Address  Telephone Number  matthew.spencer@gsa.gov	Office Address				
Fax Number  Email Address  Signature & Date (Optional)  Name  Joshua Bailes  Title  18F Agreements Lead  Office Address  Telephone Number  Email Address  joshua.bailes@gsa.gov  Signature & Date (Optional)  Name  Matthew Spencer  Title  18F Agreements Deputy  Office Address  Telephone Number  matthew.spencer@gsa.gov					
Email Address  Signature & Date (Optional)  Name  Joshua Bailes  Title  18F Agreements Lead  Office Address  Telephone Number  Fax Number  Email Address  joshua.bailes@gsa.gov  Signature & Date (Optional)  Name  Matthew Spencer  Title  18F Agreements Deputy  Office Address  Telephone Number  Fax Number  Email Address  matthew.spencer@gsa.gov	Telephone Number				
Signature & Date (Optional)  Name Joshua Bailes  Title 18F Agreements Lead  Office Address  Telephone Number  Email Address joshua.bailes@gsa.gov  Signature & Date (Optional)  Name Matthew Spencer  Title 18F Agreements Deputy  Office Address  Telephone Number  Email Address matthew.spencer@gsa.gov	Fax Number				
Name  Title  Joshua Bailes  Title  18F Agreements Lead  Office Address  Telephone Number  Fax Number  Email Address  Joshua.bailes@gsa.gov  Signature & Date (Optional)  Name  Matthew Spencer  Title  18F Agreements Deputy  Office Address  Telephone Number  Fax Number  Email Address  matthew.spencer@gsa.gov	Email Address				
Title 18F Agreements Lead  Office Address  Telephone Number  Fax Number  Email Address joshua.bailes@gsa.gov  Signature & Date (Optional)  Name Matthew Spencer  Title 18F Agreements Deputy  Office Address  Telephone Number  Fax Number  Email Address matthew.spencer@gsa.gov	Signature & Date (Optional)				
Office Address  Telephone Number  Fax Number  Email Address  Joshua.bailes@gsa.gov  Signature & Date (Optional)  Name  Matthew Spencer  Title  18F Agreements Deputy  Office Address  Telephone Number  Fax Number  Email Address  matthew.spencer@gsa.gov	Name		Joshua Bailes		
Telephone Number  Fax Number  Email Address  Signature & Date (Optional)  Name  Title  Matthew Spencer  Title  18F Agreements Deputy  Office Address  Telephone Number  Fax Number  Email Address  matthew.spencer@gsa.gov	Title		18F Agreements Lead		
Fax Number  Email Address joshua.bailes@gsa.gov  Signature & Date (Optional)  Name Matthew Spencer  Title 18F Agreements Deputy  Office Address  Telephone Number  Fax Number  Email Address matthew.spencer@gsa.gov	Office Address				
Fax Number  Email Address joshua.bailes@gsa.gov  Signature & Date (Optional)  Name Matthew Spencer  Title 18F Agreements Deputy  Office Address  Telephone Number  Fax Number  Email Address matthew.spencer@gsa.gov					
Email Address joshua.bailes@gsa.gov  Signature & Date (Optional)  Name Matthew Spencer  Title 18F Agreements Deputy  Office Address  Telephone Number  Fax Number  Email Address matthew.spencer@gsa.gov	Telephone Number		- Auto-		
Signature & Date (Optional)  Name  Matthew Spencer  Title  18F Agreements Deputy  Office Address  Telephone Number  Fax Number  Email Address  matthew.spencer@gsa.gov	Fax Number				
Name  Title  Office Address  Telephone Number  Fax Number  Email Address  Matthew Spencer  18F Agreements Deputy  matthew.spencer@gsa.gov	Email Address		joshua.bailes@gsa.gov		
Title 18F Agreements Deputy Office Address Telephone Number Fax Number Email Address matthew.spencer@gsa.gov	Signature & Date (Optional)				
Office Address  Telephone Number  Fax Number  Email Address  matthew.spencer@gsa.gov					
Telephone Number Fax Number Email Address matthew.spencer@gsa.gov		**************************************	18F Agreements Deputy		
Fax Number Email Address matthew.spencer@gsa.gov	Office Address		2000		
Fax Number Email Address matthew.spencer@gsa.gov	Telephone Number				
The state of the s					
Signature & Date (Optional)			matthew.spencer@gsa.gov		
	Signature & Date (Optional)				

### Department of Homeland Security Immigration and Customs Enforcement

### 7600B, ATTACHMENT 2 Economy Act (31 U.S.C. 1535) Determinations

In accordance with the Economy Act 31 U.S.C. 1535(a)(2), (a)(4), the requesting agency, DHS-ICE intends to enter into an interagency agreement with the servicing agency, GSA. I hereby determine the following:

- A. The requesting agency has a need for the servicing agency to provide services via a detail. The total cost of the agreement is estimated to be \$68,413.
- B. The goods or services cannot be provided by contract as conveniently or cheaply by a commercial enterprise.
- C. The servicing agency is able to provide or get by contract the ordered goods or services.
- D. The order is in the best interest of the United States Government

Print Name

(b) (6), (b) (7)(A)
DIRECTOR, OCFO WORKEFORCE MANGEMENT

Signature (b) (6), (b) (7)(A)

Date 11/25/15

# MEMORANDUM OF UNDERSTANDING BETWEEN THE GENERAL SERVICES ADMINISTRATION AND THE DEPARTMENT OF HOMELAND SECURITY IMMIGRATION AND CUSTOMS ENFORCEMENT

#### L Purpose

This Memorandum of Understanding (MOU) formalizes the agreement between the General Services Administration (GSA) ("Servicing Agency") and the Department of Homeland Security, U.S. Immigration and Customs Enforcement (ICE) ("Requesting Agency") regarding the reimbursable detail ("Detail") of (b) (6), (b) (7)(A) ("Detailee") from the Servicing Agency to the Requesting Agency.

### II. Authority

This Agreement is authorized under the provisions of The Homeland Security Act of 2002, 6 U.S.C. § 112(b) and the Economy Act, 31 U.S.C. § 1535.

### III. Background and Duration

The Detailee is currently the Director of Operations with the Servicing Agency's 18F Team. 18F is an organization within the Servicing Agency that provides digital services support to federal customers. The 18F Team works to connect the people, principles, and methodologies of the technology startup world with the government's leaders in innovation, 18F seeks to improve the way agencies tackle their missions.

This reimbursable detail will begin on September 6th, 2015, and end on March 6th, 2016 for a total duration of approximately six (6) months. The detail may be extended for up to six (6) months upon agreement between the Servicing Agency and the Requesting Agency.

Notwithstanding any provision of this MOU, the Detailee may request termination of the Detail at any point with or without cause. Should the Detailee elect to terminate the Detail and return to the Servicing Agency, the Detailee shall give the Requesting Agency no less than ten (10) business day's notice.

### IV. Duties

During the Detail, the Detailee will perform a variety of duties as a Facilities Manager overseeing a wide range of facilities project activities within the Requesting Agency's Headquarters facility at 500 12<sup>th</sup> Street SW, Washington, DC 20536, in the Office of Asset and Facilities Management (OAFM). Specifically, these duties shall include overseeing and managing the owned and leased portfolios, the acquisition and construction of ICE facilities nationwide, leveraging a combined staff of Federal and contractor personnel. The Detailee will interact with heads of ICE Program Offices and Senior officials regarding program requirements, resource allocation decisions, funding requirements, program budget execution, service level agreements and space management planning.

### V. Justification

The Detailee will perform duties that are similar or related to matters currently performed by the Detailee at the Servicing Agency.

This assignment will strengthen the Detailee's knowledge of facilities management and the related fiscal and human resource management facets related to the Facilities Management directorate.

The Requesting Agency will benefit from the Detailee's knowledge of real property management strategies, construction project coordination techniques, policies, regulations, acquisition and investment management.

The Servicing Agency, upon return of the Detailee at the end of the Detail, will benefit from the Detailee's enhanced knowledge and expertise in the subject areas listed above. In particular, the Servicing Agency will benefit substantially from the Detailee's enhanced knowledge and expertise in property management, financial management, and fiscal matters.

### VI. Reimbursement of Compensation and Benefits Costs

The Requesting Agency will reimburse the Servicing Agency for an amount equal to the Detailee's compensation and benefits earned by the Detailee for the period of the Detail.

Should the Detail be terminated at the request of the Detailee or by agreement of the Requesting Agency and Servicing Agency, the Requesting Agency will reimburse the Servicing Agency for amounts equal to the compensation and benefits earned by the Detailee prior to the early termination of the Detail.

Similarly, should the Detail be extended beyond the six (6) month term contemplated in Section II, the Requesting Agency shall reimburse the Servicing Agency for the compensation and benefits earned by the Detailee during any additional period.

The following information will be used by the Requesting Agency and the Servicing Agency to conduct an Intra-governmental Payment and Collection (IPAC) transaction for all amounts due under this agreement:

Name / Description	Value
Requesting Agency's Treasury Account Symbol and Business Event Type Code (TAS/BETC)	7050540 DISB
Servicing Agency's Treasury Account Symbol and Business Event Type Code (TAS/BETC)	47X5341 COLL
Servicing Agency's Department Code	FY15: 2015-A-00-285F-DS11-Q00XF000-AF151-1 8F Billable
	FY16: 2016-A-00-285F-DS11-Q00XF000-AF151-1 8F Billable
Requesting Agency's Transaction Point of Contact	(b) (6), (b) (7)(A)
Servicing Agency's Transaction Point of Contact	Patrick Bateman (Patrick.bateman@gsa.gov)

### VII. Other Costs

Travel, transportation, and related allowances associated with the Detail will be paid by the Requesting Agency, as authorized by the Requesting Agency in the performance of official duties, and subject to the availability of appropriated funds and applicable laws.

Any costs associated with security clearance or other qualifications necessary for the Detailee to perform pursuant to this MOU shall be paid by the Requesting Agency.

### VIII. Timekeeping and Leave

The Servicing Agency will maintain the Detailee's official time and attendance record during the Detail.

The Requesting Agency supervisor must approve in writing all leave taken by the Detailee during the Detail period. Upon approval of a leave request by the Requesting Agency, the Detailee shall provide the Servicing Agency with documentation of the request and approval of leave.

### IX. Duty Station During Detail

The Detailee shall report to U.S. Immigration & Customs Enforcement (ICE), Potomac Center North (PCN), 500 12th Street S.W., Washington, D.C. 20536 during the Detail unless directed to another duty station in writing by the Requesting Agency.

#### X. Evaluation of Performance

The Requesting Agency shall supply a proposed written performance plan for the Detailee no later than thirty (30) days from the effective date of the Detail.

Upon written approval of this performance plan by the Detailee it shall be provided to the Servicing Agency and included in the Detailee's official employment file.

At the conclusion of the Detail, the Requesting Agency shall conduct an evaluation of the Detailee's performance during the Detail pursuant to the agreed upon performance plan.

The Requesting Agency shall provide the Servicing Agency and the Detailee with written copies of the results of this evaluation no later than thirty (30) days from the end of the Detail.

### XI. Agreement of the Parties

This MOU represents the complete agreement of the parties.

FOR THE REQUESTING AGENCY:

(b) (6), (b) (7)(A)

Director, Office of Workforce Management
Office of the Chief Financial Officer
U.S. Immigration & Customs Enforcement (ICE)

Pyr 28, 2015

FOR THE SERVICING AGENCY:

(b) (6)

Phaedra S. Chrousos
Associate Administrator
Office of Citizen Services and Innovative Technologies/18F
U..S. General Services Administration

妻 913/2015

[DATE]